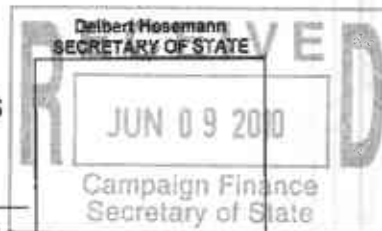


2010 ELECTION CYCLE

REPORT OF RECEIPTS AND DISBURSEMENTS
2010 Judicial Election



Name of Candidate Jim" Seth POWERS
Address 101 Foster Park Louisville, MS County Pratt
Telephone Work 662-728-2365 Home 662-728-1418 Fax 662-728-2006
Contact Name Susan Powers Email Address powdersusan@yahoo.com
Office Sought Circuit Judge 1st Dist. Place 1

☐ Check here if above is different from previous report

May 10, 2010 Periodic Report (January 1, 2009, through April 30, 2010).....Mandatory
☒ June 10, 2010 Periodic Report (May 1, 2010, through May 31, 2010).....Mandatory
July 9, 2010 Periodic Report (June 1, 2010, through June 30, 2010).....Mandatory
October 10, 2009 Periodic Report (July 1, 2010, through September 30, 2010).....Mandatory
October 26, 2010 Pre-Election Report (October 1, 2010, through October 23, 2010).....Mandatory
November 16, 2010 Pre-Runoff Report (October 24, 2010, through November 13, 2010).....Runoff Candidates
January 10, 2011 Periodic Report (October 1, 2010, through December 31, 2010).....Mandatory
Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation) Required to terminate reporting obligations

IMPORTANT
(1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
(2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
(3) The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	Itemized + Non-itemized =	This Period	Calendar Year-To-Date
Total amount of contributions	\$ 4000.00 +\$ 0.00	\$ 4000.00	\$ 4000.00
Total amount of disbursements	\$ 0.00 +\$ 0.00	\$ 0.00	\$ 0.00
Total amount of cash on hand		\$ 00.00	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

[Signature]
Signature of Candidate

6/9/10
Date

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.
Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO: 1. Candidates for statewide, State district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P. O. Box 136, Jackson, MS 39208 or fax to 601-359-1499 or 601-874-2819.
2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

Loan re-payment Fidan Warm. To re-elect - balance still owed candidate by committee \$18,079.50

Name of Candidate or Committee "Jim" Seth Pounds
 Reporting period May 1, 2010 through 6/30/10

Page 1 of 1

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Loan <u>Receipt</u>		Date (Mo., Day, Year)	Amount of each receipt this period
<input type="checkbox"/> Other (please specify)			
Full name <u>Comm. To Re-elect Jim Pounds</u>		<u> </u> / <u> </u> / <u> </u>	\$ <u>4000.00</u>
Mailing Address <u>101 Faxon Park Road</u>		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code <u>Boonville MS 38829</u>		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required)		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required) <u>WAS Approved to Loan by</u> <u>Candidate's Committee to Candidate</u>		Aggregate year-to-date	\$ <u>4000.00</u> <u>\$5072.50</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan		Date (Mo., Day, Year)	Amount of each receipt this period
<input type="checkbox"/> Other (please specify)			
Full name		<u> </u> / <u> </u> / <u> </u>	\$
Mailing Address		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required)		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required)		Aggregate year-to-date	\$
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan		Date (Mo., Day, Year)	Amount of each receipt this period
<input type="checkbox"/> Other (please specify)			
Full name		<u> </u> / <u> </u> / <u> </u>	\$
Mailing Address		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required)		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required)		Aggregate year-to-date	\$
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan		Date (Mo., Day, Year)	Amount of each receipt this period
<input type="checkbox"/> Other (please specify)			
Full name		<u> </u> / <u> </u> / <u> </u>	\$
Mailing Address		<u> </u> / <u> </u> / <u> </u>	\$
City, State, Zip Code		<u> </u> / <u> </u> / <u> </u>	\$
Name of Employer (Required)		<u> </u> / <u> </u> / <u> </u>	\$
Occupation (Required)		Aggregate year-to-date	\$

9504-05

900/9002

06/09/2010 WPD 13:17 FAX 662 369 3684 MONROE CO. CIRCUIT CLERK